

The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

19												
NEEDED MITH THE APPLICATION plans			An electronic copy of the plans is also needed – email ksaunders@ci.reading.ma.us			TO EXPEDITE THE APPLICATION, EMAIL ADDRESSES ARE REQUIRED					EMAIL	
SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)												
										71	7	. P
No. and Street	No. and Street City /Town Zip Code Name of Building (if applicable)						ble)					
			SEC	TION 2:	PROPO	SED W	VORK					
Edition of MA State Code used If New Construction check here □ or check all that apply in the two rows below												
Existing Building	xisting Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 1)						endix 1)					
Change of Use	Change of Use Change of Occupancy Other Specify:											
Are building plans and/or construction documents being supplied as part of this permit application? Yes \(\Delta \) No \(\Delta \) Is an Independent Structural Engineering Peer Review required? Yes \(\Delta \) No \(\Delta \) Brief Description of Proposed Work:												
F							-	H		_		
-				- 6								
							3					
SECTION 3: CO	OMPLETE THIS	SECTIO			BUILD				RENOVA	TIO	N, ADDIT	ION, OR
Check here if an Ex	cisting Building	Investig							4) 🗆			
Existing Use Group	p(s):					P	roposed	Use Gro	ıp(s):			
		SE	CTION 4	: BUILI	DING H	EIGHT	'AND A	REA				
Existing Proposed					posed							
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)												
Total Area (sq. ft.) and Total Height (ft.)												
			CTION 5	USE G	ROUP (Check	as appli	cable)				
A: Assembly A-1	□ A-2 □ Nigh	tclub [A-3 [3 A-4	- A	-5 🗆	E	3: Busine	ss 🗆		E: Educ	cational 🗆
F: Factory F-1 F2 H: High Hazard H-1 H-2 H-3 H-4 H-5 L					H-5 🗆							
I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4 R-4												
S: Storage S-1 □ S-2 □ U: Utility □ Special Use □ and please describe below:												
Special Use:												
SECTION 6: CONSTRUCTION TYPE (Check as applicable)												
IA 🗆 IB 🛚		A 🗆	IIB			A 🗆	IIIB		IV 🗆	VA		В
SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)												
Water Supply: Public □ Private □	☐ Check if outside Flood Zone ☐		Sewage Disposal: Indicate municipal □ or on site system □		Trench Permit: A trench will not be required □ or trench				Debris Removal: Licensed Disposal Site □ or specify:			
permit is enclosed in												
Railroad right-of-way: Hazards to Air Navigation: MA Historic Commission Review Proce												
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					r review completed?		etea?					
or Consent to Bu		CTION	8: CON				TE OF C	CCUPAR		es 🗆	No 🗆	
Edition of Code										d nor	Floor	
Edition of Code: Use Group(s): Type of Construction: Occupant Load per Floor: Does the building contain an Sprinkler System?: Special Stipulations:												

	SECTION 9: PRO	PERTY OW	NER AUTHORIZA	ATION				
Name and Address of Prope	erty Owner							
Owner – Print & Sign	No. and Str	reet	City	City/Town & Zip				
Property Owner Contact Inf	ormation:			,	1			
Title If applicable, the property or	Telephone No. (bus	siness) Te	elephone No. (cell)	e-mail	address		
Name to act on the property owner	Street Ac		City/Tow authorized by this		State Z permit applica	ip ition.	±3 61	
	SECTION 10: CONSTRUCT						40.4)	
10.1 Registered Professiona	000 cu. ft. of enclosed space and I Responsible for Construc			ol then che	ck here \square and s	kip Secti	on 10.1)	
G								
Names (Decistures) & Cinesa			* * *	_				
Name (Registrant) & Signat	ure	1	elephone No.	Re	Registration Number			
Street Address	City/Town Sta	ite Zip	e-mail address	D	iscip lin e	Exp	iration Date	
10.2 General Contractor								
Company Name	=======================================	Contr	actor Name				====	
Contractor Signature		CSL 1	License Number ar	nd Expirat	ion Date			
Street Address		City/7	Town	St	tate Zip			
Telephone No. (business)	Telephone No.		ALICE APPENDITURE		il address	,		
A Workers' Compensati submitted with this applica	N 11: WORKERS' COMPENSA ion Insurance Affidavit fron ation. Failure to provide this	n the MA De is affidavit w	epartment of Indus rill result in the der	trial Accio	dents must be dissuance of the	complet	ed and ng permit.	
15 a	signed Affidavit submitted SECTION 12: CONST				No 🗆			
Item Estimated Costs: (Labor								
1. Building								
2. Electrical	Build	Building Permit Fee = Total Construction Cost x (Insert here						
2. Electrical \$ appropriate municipal factor) = \$ 3. Plumbing \$								
4. Mechanical (HVAC)	\$		Note: Minimum fee = \$ (contact municipality)					
5. Mechanical (Other)	\$	To do						
6. Total Cost \$ Enclose check payable to								
SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT								
By entering my name below, application is true and accura	I hereby attest under the pa	ains and pen	alties of perjury th			contain	ed in this	
	W							
Please print and sign name			Title		Telephone N	No.	Date	
Street Address City/Town					Zip	e-ma	il address	
Municipal Inspector to fill o	out this section upon applic	cation appro		Name			Date	
				T AMILIE			Date	



The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia
Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information	Please Print Legibly						
Name (Business/Organization/Individual):							
Address:							
City/State/Zip: Phone #:							
Are you an employer? Check the appropriate box: 1. I am a employer withemployees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] † 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.	Type of project (required): 7. New construction 8. Remodeling 9. Demolition 10 Building addition 11. Electrical repairs or additions 12. Plumbing repairs or additions						
 I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.[‡] We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] 	13. Roof repairs 14. Other						
*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. ‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.							
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information. Insurance Company Name:							
Policy # or Self-ins. Lic. #: Expiration Date:							
Job Site Address: City/State/Zip: City/State/Zip: Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).							
Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.							
I do hereby certify under the pains and penalties of perjury that the information pr	vovided above is true and correct.						
Signature: Date							
Phone #:							
Official use only. Do not write in this area, to be completed by city or town offic	rial.						
City or Town: Permit/License #							
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical 6. Other							
Contact Person: Phone #:							

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

		Mark "x" where applicable					
No.	Item	Submitted	Incomplete	Not Required			
1	Architectural						
2	Foundation		1				
3	Structural			V			
4	Fire Suppression		A 70				
5	Fire Alarm (may require repeaters)	1	A All				
6	HVAC		- 1	J.			
7	Electrical			V			
8	Plumbing (include local connections)	100					
9	Gas (Natural, Propane, Medical or other)						
10	Surveyed Site Plan (Utilities, Wetland, etc.)						
11	Specifications						
12	Structural Peer Review						
13	Structural Tests & Inspections Program						
14	Fire Protection Narrative Report						
15	Existing Building Survey/Investigation	N N P					
16	Energy Conservation Report	N. C					
17	Architectural Access Review (521 CMR)	/					
18	Workers Compensation Insurance	/					
19	Hazardous Material Mitigation Documentation			F			
20	Other (Specify)						
21	Other (Specify)						
22	Other (Specify)						

^{*}Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit*

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

SECTION R105.7 - PLACEMENT OF PERMIT

The building permit or copy thereof shall be kept on the site of the work and be posted conspicuously until the completion of the project.

This means that work shall not start until the permit is issued and posted at the site.

SECTION R105.3.1 – ACTION ON APPLICATION

The *building official* shall examine or cause to be examined applications for permits and amendments, and take action, within **30 days** of filing.

SECTION R105.5 – EXPIRATION

Every *permit* issued shall become invalid unless the work authorized by such *permit* is commenced within 180 days after its issuance, or if the work authorized by such *permit* is suspended or abandoned for a period of 180 days after the time work is commenced. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

SECTION R110.1 – USE OF OCCUPANCY

No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made until the *building official* has issued a certificate of occupancy, therefor as provided herein.

PLEASE GO TO MASS.GOV - BBRS WEBSITE FOR THE MOST UPDATED "INITIAL CONSTRUCTION CONTROL DOCUMENT" AND THE "FINAL CONSTRUCTION CONTROL DOCUMENT"

These documents are needed with all commercial work